

Field Exercises

Mississippi MRC

Mississippi State Guard

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Commander, Medical Battalion

GOALS

- **Where are you going with this?** Remember your own particular mission.
- **Who are the appropriate partners?** And include them.
- **What are the likely situations you must prepare for?** Local risk assessment vs “all disaster” plan.
- **What skills must be learned?**
- **Who are you?** What is your piece of the pie?

Mission:

- The primary mission of the Medical Battalion of the Mississippi State Guard is to provide a quickly mobilized, coordinated, effective medical response to needs which exceed the capacity of day-to-day operating entities. The response may be to a natural or a deliberately caused emergency, or to unmet health care or public health needs. Our emergency response plans are taken from ESF #8 of the National Disaster Plan (maintain delivery of healthcare services and public health).
- The secondary mission of the Medical Battalion of the Mississippi State Guard is to care for the health and welfare of responders to emergencies and unmet community needs, whether they are our own Guard, or other members of the community.

Objectives

- If GOALS are the point on the horizon toward which you march,
- OBJECTIVES tell you where to put the right foot and the left foot

From the **GOALS** you develop
OBJECTIVES

and means of **EVALUATION**

- Of the exercise
- Of the personnel (please keep a file with contributions of each person; memory fails)
- Of the *system*

SYSTEMS

procedures, protocols, checklists

- Your primary resource: People.
- Ideally you have perfect people; life is not perfect or ideal.
- In this real world you need structure and systems so you can have a strong team with imperfect people.

Some objectives

- PRE training
- PRE credentialing
- PRE positioning of assets
- Preparation of plans, s.o.p.s

- THERE IS NO
SUBSTITUTE FOR
COMPETENCE

Activities for MSG/Med Bn

9/03-aide station for State Guard annual active
duty training











Lessons learned at AT of 9-03

- we are old. Need for med record system on MSG and fitness level system. Eight sick guard were tended, including three by “barracks call”. Two men were sent out unfit, one of them to the hospital and the other home to his PMD. No medications other than mild pain meds were dispensed. Several prescriptions were written and several blood pressure checks and a blood glucose screen were done.
- Review of aid station activities revealed an opportunity for improvement in a uniform storage system for equipment and supplies so that all could find them readily. Having toys is not enough. They must be organized for access: tackleboxes, Alice packs, and trailer.

9/03-Exercise

Scenario: Chemical accident, Chlorine gas.

Secured perimeter. Set up reception area for rescuers, rescued and self referrals. Set up decon station. Set up triage station. Set up shelter. First aid station. Shuttle to definitive care.

Partners: Red Cross, State Health Dept

2nd Bde supplied additional manpower.

Lessons Learned from Chem Hazmat Drill

- Discussions were held on the topic of the entire MS State Guard serving as the response unit, instead of Med Bn only, as was originally done.
- This involved transferring command up one level to the MSG as a whole, and moving administrative, finance, logistics and supply, operations, communication, planning, information, chaplain service, and safety officer functions to the Brigades.
- This relieved medical personnel of support functions.
- Brigades accepted and enjoyed learning decon as well as perimeter security and administration of shelter. Requested training in the above skills.

4/04 decon drill for non medical personnel; result of 09-03 drill.

















Lessons Learned

- Training can be fun. Esprit has recruitment and retention value
- Owning toys and using them well are two different matters
- There is a learning curve between lecture material and performance
- Drs and Nurses should Doctor and nurse; other folks can be used for non-medical tasks

2/04-exercise:

- setting up a mobile hospital.
- Pulling maintenance on our tent,
- Pulling maintenance on our vehicles.
- Test of radio system.

The hospital tent and its truck



Erecting the tent









7Feb04 was 22 degrees and
windy



Assembling the heater!



The tent warms up to 32 degrees



















3/04 debrief of 2/04



Lessons learned from 2/04 field exercise:

- Don't light your heater in tall dry grass
- put the generator far from the tent
- keep POVs out of the drill area
- Needed supply list developed
-

4/04 NDMS, Dallas. Test of
convoy and radio coordination.

And the many lessons learned at NDMS
lectures and the “toys for boys” exhibits

5/04-Commo drill

























LIFESAVER 2004

10-14 MAY 2004

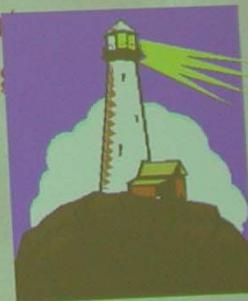
HOMELAND SECURITY EXERCISE
Coordinated by:

Keesler Medical Center

South Central VA Health Care Network-VISN 16
Community Hospitals & Emergency Services
Organizations.

Mississippi Emergency Management

Harrison County Emergency Management



Disaster site: hot zone



Incident Command



Warm zone: decon, triage, transportation











NO
SMOKING

FIRE LINE DO NOT CROSS

AIR FORCE

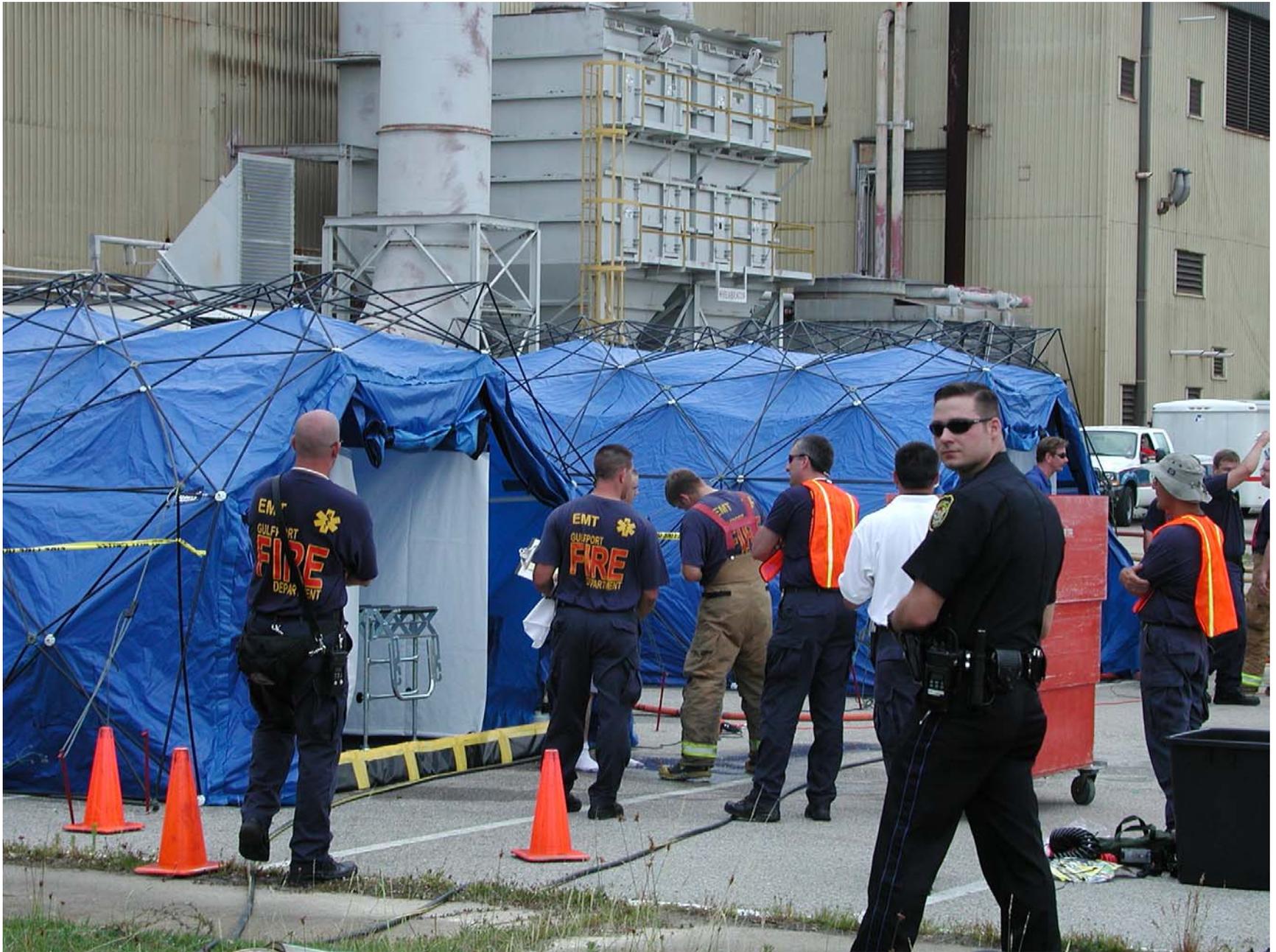
AIR FORCE

PO1















MOBILE
OPERATIONS
CENTER

MOBILE
OPERATIONS
CENTER

MISSISSIPPI EMERGENCY MANAGEMENT AGENCY







COMMAND
PORT FIRE DEPT.

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Blackwood
AL-3DMAT

AL-3DMAT

1251

CAUTION CAUTION CAUTION







AL-3 DMAT

LRI

PHYSIOCONTROL
DEFIBRILLATOR

AL-3 DMAT
1210304







- 6/04-medical staff to
BDLS

- THE MORE YOU DO, THE MORE YOU LEARN
- IF YOU DON'T MESS UP, YOU AIN'T BEEN DOING NOTHING
- IT IS BEST TO LET NON-MEDICAL FOLKS DO NON-MEDICAL TASKS
- SYSTEMS, SOP, CHECKLISTS!!!!!!!!!!!!!!!!!!!!
- THE TEAM THAT PLAYS TOGETHER STAYS TOGETHER